

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-06-10

TO: All CFSA Staff

FROM: Uma Ahluwalia, Interim Director

DATE: May 22, 2006

RE: Medical Consents Protocol

This administrative issuance covers the issues of consent as related to medical and mental health records, information and treatment of children, under the age of 18, who are in foster care.

Providing medical consent, by definition, is agreeing to and understanding the risks and benefits of the services to be provided. Consent is necessary before medical care, including a test or examination, can be provided to an individual. A person with the legal authority to agree to medical care generally must agree to the medical care before it is given. (In an emergency, medical care can be given without consent). Ideally, consent from a parent or guardian should be obtained and documented before medical services begin. When a parent or guardian is absent children in foster care can receive medical treatment with the consent of CFSA but doing so requires special oversight and consideration.

If you have any questions about this administrative issuance, please contact the Deputy Director for Programs, Deputy Director of Clinical Practice or the Office of the General Counsel.

The role of CFSA as it relates to medical consent

To obtain adequate health services, medical consent must first be secured.

1. If CFSA has physical custody of a child granted by the District of Columbia Family Court, CFSA may consent to the following without first obtaining parental/guardian consent:
 - a. A medical evaluation;
 - b. Emergency medical, surgical or dental treatment;
 - c. Outpatient psychiatric evaluation; and
 - d. Emergency outpatient psychiatric treatment.
2. If CFSA has physical custody of a child granted by the District of Columbia Family Court, CFSA may consent to the following when the agency is unable to locate the parent or guardian and reasonable efforts have been made but a parent cannot be consulted. **The reasonable efforts made to locate the parent or guardian must be documented in FACES:**
 - a. Non-emergency outpatient medical treatment;
 - b. Non-emergency outpatient surgical treatment;
 - c. Non-emergency outpatient dental treatment;
 - d. Non-emergency outpatient psychiatric treatment; and
 - e. An autopsy.

3. Whenever CFSA believes non-emergency medical, surgical dental or psychiatric treatment is necessary for the child's well-being and a parent refuses consent, CFSA shall consider filing an appropriate motion with the Family Court for an order requiring such services.
4. A minor (under the age of 18) may consent to certain types of medical treatment and care. Medical consent by CFSA or a parent or guardian is not needed if the medical services are for the prevention, diagnosis or treatment of:
 - a. Pregnancy or its lawful termination
 - b. Substance abuse, including drug and alcohol abuse
 - c. a mental or emotional condition
 - d. a sexually transmitted disease
 - e. birth control information, services and devices; and prenatal and postnatal care and necessary medical care for the minor or the minor's child(ren).

Consent to Obtain Health Records

Consent to obtain health records is critical to the healthcare process of acquiring services and/or treatment. CFSA efforts to obtain a child's health records shall include the following:

1. Diligent efforts to obtain records of any previous medical, mental health or dental treatment.
2. No later than ten (10) days after removal, request written consent from the birth parent or legal guardian for the release of the child's health records.
3. Providing written requests with the appropriate consent to known medical providers who have treated the child for the child's treatment history and records.
4. For any preschool child, making diligent efforts to obtain the child's birth record from the hospital where the child was born or from another hospital in possession of the record.
5. All efforts regarding obtaining consent to obtain health records shall be documented in FACES. A signed copy of the consent form authorizing the release of the child's health records will be provided to the child's primary care provider and any other providers treating the child.

Consent/Authorization for Routine Evaluation

Routine evaluations are critical to the healthcare process, particularly in addressing chronic and/or acute medical issues. CFSA efforts to obtain consent for routine evaluations shall include the following:

1. Within ten (10) days of removal, requesting authorization from either birth parent or guardian for all assessments and treatments that are a required part of the initial comprehensive evaluation. This includes:
 - a. All routine and non routine medical and/or mental health assessments,
 - b. Immunization records and
 - c. Ongoing routine healthcare information.
2. All efforts regarding obtaining consent for routine evaluations and treatments shall be documented in FACES.
3. A signed copy of the consent form for routine evaluation and treatment will be provided to the child's primary care provider and any other providers treating the child.

Consent and Voluntary Placement

When children are placed voluntarily with the Agency, obtaining consent for medical care from the parent(s) is mandatory. Further, obtaining consent provides assurance to the birth parent(s) that children placed in care receive timely and adequate health services.

1. When a child is voluntarily placed in care, the social worker must obtain a birth parent's consent for medical/mental health care at the time the voluntary placement agreement is signed.
2. When a child is voluntarily placed in care, the social worker must obtain a birth parent's consent to obtain health records.
3. If consent from a birth parent is not given, the child can not be voluntarily placed. The birth parent must find an alternative placement resource.

Consent and Resource Parents

Resource parents take children to medical appointments and they play a key role in maintaining adequate health services for children placed in their care. Their role is limited with regard to matters of consent. Resource parents shall be advised by the social worker of the following:

1. Resource parents, including kinship caregivers, are not authorized to give consent for medical and psychiatric treatment.
2. Resource parents shall be informed that in an emergency situation, the health care provider or emergency room can treat the child even if physical written consent is absent.

Minors' Capacity to Consent for Health Services

Minors (persons under the age of 18) may give consent to obtain past health records and to receive specific health services unless there is a court order to the contrary. Capacity to consent means a minor can make choices regarding testing and treatment for the health services listed below without consulting a parent or guardian:

Reproductive Health Services/Family Planning Services

Consent regarding reproductive health services and family planning are particularly significant to the population categorized as "minor".

1. A minor may consent to health services that she or he requests that are for the prevention, diagnosis or treatment of:
 - a. Pregnancy or its lawful termination;
 - b. Substance abuse, including drug and alcohol abuse;
 - c. A mental or emotional condition; and
 - d. A sexually transmitted disease.
2. Pregnant minors may consent to medical, dental, health and hospital services related to prenatal care.
3. Minors may consent to their own pregnancy termination. The minor has no obligation to report the pregnancy or the termination to anyone, including the agency, birth parent, guardian or resource parent.

Note: The Agency can not provide funds for pregnancy termination and the social worker can not assist with the process.

Outpatient Mental Health Services

1. A minor who voluntarily seeks outpatient mental health services and mental health supports (other than medication) may receive such services without the consent of the parent or guardian if the provider determines that:
 - a. the minor is knowingly and voluntarily seeking the services; and
 - b. provision of the services is clinically indicated for the minor's well-being.
2. The mental health services and mental health supports must be limited to 90 days. At the end of the 90 days the provider must make a new determination on the following:
 - a. provision of services to the minor without parental or guardian consent is voluntarily sought by the minor and continues to be clinically indicated,
 - b. terminate the services, or
 - c. with the minor's consent, notify the parent or guardian to obtain consent to provide further outpatient services

Psychiatric (Psychotropic) Medications in Hospital Settings

Medication may be administered for the purpose of mental health treatment with the consent of a minor who is sixteen or older. There are only three circumstances where a minor sixteen (16) or older receiving inpatient treatment may give consent to the administration of psychotropic medications:

1. When the minor's parent or guardian is not reasonably available to make a decision regarding the administration of psychotropic medication and the treating physician determines that the minor has capacity to consent and that such medications are clinically appropriate;
2. When requiring consent of the minor's parent or guardian would have a detrimental effect on the minor, and a determination is made by both the treating physician and a non-treating psychiatrist (who is not an employee of the provider) that the minor has capacity to consent and that psychotropic medications are clinically indicated; or
3. When the minor's parent(s) or guardian refuses to give such consent, and a determination is made by both the treating physician and a non-treating psychiatrist who is not an employee of the provider that the minor has capacity to consent and that such medications are clinically indicated.

Blood Donations

Teens motivated to engage in the philanthropic donation of blood may do so. The social worker shall further inform the teen of the following:

- Any person age seventeen (17) or older may donate voluntarily to a non-profit program.

Consent and Parents Who Are Minors

Minors who are parents should be adequately informed of their responsibilities to their child(ren), particularly as it relates to providing consent for healthcare services necessary for healthy child development. The social worker shall inform the minor parent of the following:

1. If the child is not in CFSA custody the minor parent may grant consent to healthcare for his or her child. CFSA may not consent.
2. If the child is in CFSA custody the guidelines outlined in this administrative issuance apply and CFSA shall treat the minor parent as it does any parent.